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CLIENT NO.: 19502

To:

NAME	FAX NO.	PHONE NO.
Commissioner for Patents - USPTO	(703) 872-9306	

FROM: Brian M. Hoffman, Reg. No. 39,713 **PHONE:** (415) 875-2484

NUMBER OF PAGES WITH COVER PAGE: 9

ORIGINAL WILL NOT FOLLOW

MESSAGE:

Attached are Requests for Withdrawal as Attorney or Agent in the following applications:

09/333,724
10/071,797
09/538,602
09/334,131
09/843,614
09/754,650
10/652,850**CAUTION - CONFIDENTIAL**

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19502/01000/SF/5127768.1


0001/PTO Rev. 10/95		U.S. Department of Commerce Patent and Trademark Office		Application Number	N/A
TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>				Filing Date	N/A
				First Named Inventor	N/A
				Examiner	
				Group Art Unit	
Total Number of Pages In This Submission		8		Attorney Docket Number	

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ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input checked="" type="checkbox"/> Request to Withdraw as Attorney or Agent in Application Nos. 09/333,724 10/071,797 09/538,602 09/334,131 09/843,614 09/754,650 10/652,850
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Brian Hoffman, Reg. No. 39,713	Dated:	September 1, 2004

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.			
Signature:			
Typed or Printed Name:	Brian Hoffman	Dated:	September 1, 2004
Facsimile Number:	1-703-872-9306		

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	10/071,797
Filing Date	February 6, 2002
First Named Inventor	Timothy V. Travaille
Group Art Unit	2876 <i>blm</i>
Examiner Name	Not yet known
Attorney Docket Number	19502-06553

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To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to, and has requested, termination of the employment.

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ **Change the correspondence address and direct all future correspondence to customer number 44367**

☒ This request is made on behalf of myself and
☒ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number _____
on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name Brian M. Hoffman

Signature *B M Hoffman*

Date *9/1/04*

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.